		cription: Transmitta		U.S	. Patent and	PTO/SB/21 (07-09) Approved for use through 07/31/2012. OMB 0651-0031 Trademark Office; U.S. DEPARTMENT OF COMMERCE information unless it displays a valid OMB control number.				
Je 400 18	Olider the Pai	Serwork Reduction Act of 1995.	. no berson	Application Number	10/533,835					
X 1/10	TRANSMITTAL FORM FORM Total Number of Pages in This Submission			Filing Date	May 4, 2005					
} \\o_\				First Named Inventor	Mark	us Krumme				
				Art Unit	1611					
S TUTTER				Examiner Name	Kevin S. Orwig					
7				Attorney Docket Number	RO4037US (#90568)					
			ENCI	OSURES (Check a	li that app	oly)				
X	Fee Transmittal Form X Fee Attached X Amendment/Reply After Final Affidavits/declaration(s) X Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocate Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Coks	Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name										
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Sign	ature	Destil	1							
Prin	ted name	D. Peter Hochberg	(
Date	e	august 18,2009			Reg. No.	24,603				
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	12/08/2004.	2005 (1.1.5. 4048)	Complete if Known / X P 4										
Fees pursuant to the Consolidated A					10/533,835)/533,835 /							
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For F	Y 2009	• •	First Named Inv	entor	Markus Krui	mme \		_£_/_					
Applicant claims small entit	v status. See 37	CFR 1.27	Examiner Name		Kevin S. Or	wig	4 January						
	Art Unit		1611										
TOTAL AMOUNT OF PAYMEN	т (\$) 1	30.00	Attorney Docket	No.	RO4037US	(#9056	(8)	<u> </u>					
METHOD OF PAYMENT (check all that apply)													
Check X Credit Card Money Order None Other (please identify):													
X Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
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\overline{X} Charge any additional fee(s) or underpayments of fee(s) \overline{X} Credit any overpayments													
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2. EXCESS CLAIM FEES Fee Description					Fee (\$		all Entity Fee (\$)						
Each claim over 20 (inclu	ding Reissues)				52		26						
Each independent claim of		g Reissues)			220		110						
Multiple dependent claim	s				390		195						
Total Claims Ext	e Paid (\$)				ident Claims								
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HP = highest number of independe 3. APPLICATION SIZE FEE		greater than 3.											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50													
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)</u>													
100 = / 50 = (round up to a whole number) x <u>270.00</u> = <u>0.00</u>													
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)													
Other (e.g., late filing surcharge): one-month extension of time													
SUBMITTED BY		•											
Signature (COL_		Registration No.	24.	603 Tele	phone	216-771-38	300					
Name (Print/Type) D. Peter Ho	chberg	L	(Attorney/Agent)		Date	an	gust 18 re						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is of file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.